

CITY OF BRYAN EMPLOYMENT APPLICATION



An Equal Opportunity Employer



CITY OF BRYAN

Employment Information Page

Human Resources * 300 South Texas Avenue * Bryan, Texas 77803 * Job Line: (979) 209-5069 * Fax (979) 209-5059

AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in employment with the City of Bryan. The City of Bryan is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, color, sex, religion, national origin, age or disability. Reasonable accommodation for persons with disabilities will be made upon request. Please provide at least 48 hours advance notice so that your request may be accommodated.

INFORMATION FOR APPLICANTS (READ CAREFULLY)

- The City of Bryan requires all individuals who wish to be considered for employment to complete and sign an Employment Application form. A resume may be attached; however, **the application form must be completely filled out in order to be accepted**. Incomplete applications, including failure to sign the application form, or applications that are not legible **will not** be accepted and may be returned to you for completion. If this occurs, your application may not meet the posted deadline.
- A **separate** application form must be submitted for each position for which you are applying. Photocopies may be substituted for an original application form; however, the City of Bryan will not provide photocopies of applications or resumes.
- Completed applications **must** be received in the Human Resources office **no later** than 5:00 p.m. on the date of the deadline. Application forms postmarked by the deadline will be accepted.
- The application form and all attachments become the property of the City of Bryan. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Division.
- The process takes approximately 2-3 weeks from the closing date listed in the Job Announcements bulletin; however, some positions may take longer. The hiring supervisor will contact applicants selected for interview and make the final hiring decision.
- For information concerning the status of your application, please call Human Resources at 979-209-5060.
- All information on the application form and/or an attached resume is subject to verification by the hiring division/department and/or the Human Resources Division. After a conditional offer of employment is made, a criminal history check, a medical examination, and a drug and/or alcohol test will be required for all positions; verification/review of a drivers license record may be administered if it is a requirement of the position. Applicants refusing to cooperate, failing to show up for scheduled appointments and/or failing to successfully pass required tests will be disqualified for consideration of employment with the City of Bryan.



CITY OF BRYAN

Voluntary Disclosure Statement

HUMAN RESOURCES USE ONLY

NAME _____ SS# _____

Req. # Entered Status

The City of Bryan is an Equal Opportunity Employer and does not discriminate against any individual on the basis of race, color, sex, national origin, age or disability. You are invited to complete the following information to assist us in complying with federal record keeping requirements. Your response shall remain confidential, be kept separately from your application, and shall in no way affect a decision regarding your employment.

DATE OF BIRTH: _____ SEX Male Female
Month / Day / Year

RACE / ETHNIC IDENTIFICATION

Caucasian WHITE, NOT OF HISPANIC ORIGIN. ALL persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

Black NOT OF HISPANIC ORIGIN. ALL persons having origins in any of the black racial groups of Africa.

Hispanic ALL persons of Mexican, Puerto Rican, Cuban, Central or South American, or their Spanish culture or origin, regardless of race.

Asian or Pacific Islander ALL persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or the Pacific Islands. This area includes: China, Japan, Korea, The Philippine Islands, and Samoa.

American Indian or Alaska Native ALL persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN STATUS

None (includes those with insufficient military service to qualify for Veteran Status) Disabled Vietnam-era Veteran

Non-Disabled Vietnam-era Veteran Disabled Veteran

Non-Disabled Veteran other than Vietnam Conflict

DISABLED: Yes No

"Disabled" means (1) a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) a record of such impairment, or (3) regarded as having such an impairment.

If yes, describe the nature of your handicap or disability: _____

Identify the accommodations the City of Bryan could make that would enable you to perform the essential functions of the position properly and safely, including special equipment, changes in physical layout of the job, alteration of certain responsibilities relating to the position, or other accommodations. (If necessary, use reverse side.) _____

SOURCE OF REFERRAL

Walk-in _____ Friend (name) _____

City's 24-hr Job Line _____ Job Fair (specify) _____

Web-Page (specify) _____ Newspaper (specify) _____

City Employee (name) _____ Recruiting Agency (specify) _____

Other _____

Signature _____ Date _____



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Employment Application

Human Resources * 300 South Texas Avenue * Bryan, Texas 77803 * Job Line: (979) 209-5069 * Fax (979) 209-5059

Today's Date:	Position Applying For:	Requisition #:
Date Available for Work:	Expected Wage/Salary:	

PERSONAL INFORMATION

Last Name	First Name	MI	
Other names used on official records (maiden, alias, etc.)		SS#	
Present Address	City	State	Zip
Home Phone # ()	Alternate Phone # (Please specify - work, message, other) ()		
Driver's License #	Class	State	Expiration Date

If employed, can you furnish proof of US citizenship or declaration of intent? (Check One) YES NO

Have you ever served in the Armed Services : (Check One) YES NO

Dates of Service: FROM TO Type of Discharge:

Have you ever been convicted of, or have charges pending for, a felony or misdemeanor, other than a minor traffic violation? YES NO

NOTE: This includes offenses for which probation or deferred adjudication was granted.

If "yes", please provide the following information: (If more room is needed, provide on back or attach additional pages)

Date	Nature of Offense	Name of Court	Disposition of Case

IMPORTANT! A conviction record will not necessarily bar employment. Factors such as nature of offense, date, and relationship between the offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar employment.

Are you related to any current City of Bryan employee or anyone currently on the Bryan City Council? (Check One) YES NO

If "yes", please provide the following information:

Name	Relationship	Department
Name	Relationship	Department

Have you previously worked for the City of Bryan? (Check One) YES NO IF "yes", please provide the following information:

Dates of Employment	Position/Department
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Reason for Leaving:

EDUCATION

If hired, applicants will be required to provide applicable copies of diplomas, degrees and/or transcripts.

HIGH SCHOOL	Did you graduate?	YES	NO	If "NO", did you obtain a GED? (Check One) YES NO											
				If "NO", check highest grade completed:											
				1	2	3	4	5	6	7	8	9	10	11	12
COLLEGE	Name	Location						Major or Special Courses				Degree Received			
TRADE / TECHNICAL SCHOOL	Name	Location						Major or Special Courses				Degree Received			

LICENSES, CERTIFICATES & OTHER FORMS OF RECOGNITION

Applicants may be required to provide copies of licenses and certificates.

Type of License or Certificate (CPA, Attorney, Operator, etc.)	Issued By (state or other authority)	Expiration Date

List any Honors or Recognitions you have received.

SKILLS

List all skills you possess and machines or office equipment you can operate or use.

Office Equipment	
Computer Hardware	
Computer Software	
Heavy Equipment	
Bilingual Skills	
Technical/Skilled Craft (mechanic, electrician, engineering, etc.)	
Maintenance Skills (painting, custodial, grounds, etc.)	
Supervisory/ Management	
Customer Services/Interpersonal Relations	
Other Skills	

EMPLOYMENT HISTORY

List positions held in chronological order beginning with the current or most recent employer (including Military Service).

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				
From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				
From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				
From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone #
				()
Supervisor's Name and Title:			May we contact this employer? (Check One) YES NO	
Position Held:			Beginning Wage/Salary:	Ending Wage/Salary:
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				
Please explain any gaps in employment history:				

Employment, Professional, and/or Academic References

(Please complete all sections)

Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()
Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()
Name		Years Known
Organization Where Person Is Employed	Address of Company or Person	Telephone Number ()

Permission is granted to contact the above references other than current employer: (Check One) YES NO

Permission is granted to contact current employer: (Check One) YES NO

I understand that in order to achieve uniformity and to comply with city policy, the City's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that any verbal discussions of terms or conditions of employment by the city representatives are not binding upon the City unless confirmed in such offer letters.

I understand that my employment is contingent upon the satisfactory completion of verification of information contained in this application, a background check which may include criminal history and driving record verification, etc.

I understand that I may be required to submit to a medical examination and/or test for drugs and/or alcohol by a physician and laboratory selected by and at the expense of the City of Bryan at such time(s) as is required.

I also understand that should I be employed by the City, I will be required in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that should I be employed by the City of Bryan, my employment is "at will". This means that either party may end the relationship at any time, with or without notice, as prescribed by the City's policy. There is no promise or guarantee that my employment will continue for any specified period of time.

I have read and understand the provisions outlined above and affirm that the information contained in this application is accurate and complete, and is subject to verification by the City of Bryan. I understand that any false information, omissions of facts or misrepresentations may disqualify me from employment with the City of Bryan or if hired, immediate discharge from employment.

Note: Handwritten signature required.

➤ _____
Signature of Applicant

Date